

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 4342-0121PUS1		
Application No. 10/588,454-Conf. #5756	Filing Date December 5, 2006	Examiner C. R. Stone	Art Unit 1628			
Applicant(s): Riccardo BERTINI et al.						
Invention: USE OF N-(2-ARYL-PROPYNYL)-SULFONAMIDES FOR THE TREATMENT OF SPINAL CORD INJURY						
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
10	- 20 =	0	x 60.00	0.00		
Independent Claims	2	- 3 =	0	x 250.00	0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify): Extension for response within third month 1,270.00						
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 1,270.00						
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity			
<input type="checkbox"/> No additional fee is required for this amendment.						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 1,270.00. A duplicate copy of this sheet is enclosed.						
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.						
<input type="checkbox"/> Credit any overpayment.						
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.						
 _____ Mark J. Nuell, Ph.D. Attorney Reg. No.: 36,623						
Dated: November 17, 2011						
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